POLICY GA 3.7 REPORTING AND REVIEW OF DEATHS OF ENROLLED CHILDREN AND PERSONS WITH SERIOUS MENTAL ILLNESS

A. PURPOSE: To establish requirements for the T/RBHAs to review and report the deaths of enrolled children and persons determined to have a serious mental illness to ADHS/DBHS.

B. SCOPE: ADHS/DBHS and T/RBHAs. As applicable, T/RBHAs must ensure that all subcontracted providers, including the Arizona State Hospital, adhere to the requirements of this policy.

C. POLICY: All deaths of enrolled children and persons determined to have a serious mental illness shall be reviewed by the T/RBHA and reported to ADHS/DBHS Bureau of Quality Management and Evaluation. Those deaths involving suicide, homicide, drug overdose, exposure, accident or unexpected or unusual medical causes shall be referred by ADHS/DBHS Bureau of Quality Management and Evaluation to the ADHS/DBHS Mortality and Morbidity Committee for further review.

D. REFERENCES: A.A.C. R9-20-111
A.A.C. R9-21-101(B)(1)
A.A.C. R9-21-203(B)(3)
ADHS/DBHS Policy QM 2.5, Reports of Incidents, Accidents and Deaths

E. DEFINITIONS:

1. Abuse

   The infliction of, or allowing another person to inflict or cause, physical pain or injury, impairment of bodily function, disfigurement or serious emotional damage which may be evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior. Such abuse may be caused by acts or omissions of an individual having responsibility for the care, custody or control of a client receiving behavioral health services or community services. Abuse shall also include sexual misconduct, assault, molestation, incest, or prostitution of, or with, a client under the care of personnel of a mental health agency.

2. Enrolled Person

   A Title XIX, Title XXI or Non-Title XXI/XXI eligible person recorded in the ADHS

Information System as specified by ADHS.

3. Protected Health Information

   Information regarding a currently or previously enrolled person including: name, address, date of birth, social security number, tribal enrollment number, telephone or facsimile number, driver's license number, places of employment or school identification or military identification number or any other distinguishing characteristic that tends to identify a particular person.

F. PROCEDURES:

1. T/RBHAs shall prepare and submit, to ADHS/DBHS, a written summary of their review for each death of an enrolled child or person determined to have a serious mental illness using the ADHS/DBHS Mortality Review Form (Attachment A).

2. If the cause of death is determined to be suicide, homicide, drug overdose, exposure, accident or unexpected or unusual medical causes, or upon the request of the ADHS/DBHS; the T/RBHA shall also complete the ADHS/DBHS Mortality Review Addendum (Attachment B).

3. The T/RBHAs shall ensure that the Mortality Review is:

   a. Completed following the T/RBHA's review and approval process;

   b. Reviewed and signed by the Medical Director, or designee if no addendum is required, of the T/RBHA. For reports in which an addendum is required, the Medical Director's review and signature may be completed following completion of the addendum; and

   c. Submitted to the ADHS/DBHS Bureau of Quality Management and Evaluation no later than 40 calendar days following receipt by the T/RBHA of an Incident, Accident, or Death report completed pursuant to ADHS/DBHS Policy QM 2.5, Reports of Incidents, Accidents and Deaths.

4. In cases for which an ADHS/DBHS Mortality Review Addendum is required, the T/RBHA shall submit the Mortality Review Addendum to the ADHS/DBHS Bureau of Quality Management and Evaluation no later than 30 calendar days following submission of a Mortality Review Form by the T/RBHA.

5. ADHS/DBHS shall provide completed Mortality Review and Mortality Review Addendum Forms to the Center for Disability Law, the Arizona Protection and Advocacy Organization or other applicable protection and advocacy organizations as follows:

    a. Copies of review forms received during any given month shall be provided with protected health information removed within 5 working days after the end of the month.

    b. If the Arizona Protection and Advocacy Organization asserts in writing that probable cause of abuse or neglect of a deceased person exists, or that the organization has received a complaint regarding the case of a deceased person, ADHS/DBHS shall provide copies of all documents contained in the ADHS/DBHS Mortality File and Investigation File, if any, including protected health information. Such documents shall be made available to the Arizona Protection and Advocacy Organization within one working day of the request.

6. ADHS/DBHS Bureau of Quality Management and Evaluation shall:

    a. Review all Mortality Reviews to determine if:

        (1) The Mortality Review Form is completed as required. If required information is missing, the Mortality Review Form shall be returned to the T/RBHA for completion.

        (2) Supplemental information is needed to ascertain whether additional investigation is required. If supplemental information is needed, the ADHS/DBHS Bureau of Management and Evaluation shall contact the T/RBHA to request the supplemental information. All information sent by the T/RBHA in response to these requests shall be sent by mail or to secure fax numbers provided by the ADHS/DBHS.

    b. Upon completion of the review in E(6)(a) above, refer all cases wherein a Mortality Review Addendum was required to be completed to the ADHS/DBHS Mortality and Morbidity Committee for further review.

POLICY GA 3.7 REPORTING AND REVIEW OF DEATHS OF ENROLLED CHILDREN AND PERSONS WITH SERIOUS MENTAL ILLNESS

G. APPROVED BY:

Leslie Schwalbe Date
Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services

Jerry L. Dennis, M.D. Date
Medical Director
Arizona Department of Health Services
Division of Behavioral Health Services

Attachment A

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
CLIENT MORTALITY REVIEW

ADHS DOCKET# _____ **DBHS OFFICE USE ONLY**

RBHA: _____ **TRBHA:** _____

Date of Report: _____ **Date of Death:** _____

I. CLIENT INFORMATION

Client Name: _____

Client ID#: _____ SS #: _____

Date of Birth: _____ Sex: Male _____ Female _____

Marital Status: _____ Ethnicity: _____

Last Residence: Private Residence: _____ Alone: _____ W/Family: _____ W/Non Family: _____

Supported Housing: Alone: _____ W/Family: _____ W/Non Family: _____

Supervisory Care: _____ Arizona State Hospital: _____ Behavioral Health Facility: _____

Homeless: _____ Nursing Home/Hospice: _____ Jail: _____

Other (Please describe): _____

Last Date Admitted to SMI Program: _____

II. DEATH INFORMATION

Has the cause of death been determined? Yes _____ No _____

If no, please specify the date when investigation will be completed: _____

If yes, please complete the following information:

Reported cause of death: _____

Did client commit suicide? Yes _____ No _____ Cannot Determine _____

Location of death: _____

Describe circumstances concerning the client's death up to 4 weeks previous if relevant. Include statements made by client, family, witnesses, how you learned about the client's death, emergency interventions/services provided, and client's response to these services. (Must include substance abuse, significant loss, medical problem, recent release from jail within the last 12 months, etc).

_____

_____

III. PSYCHIATRIC & PSYCHOSOCIAL INFORMATION

Psychiatrist (Name): _____

Date of last contact with Psychiatrist: _____

Date of last contact with Nurse: _____

Case Manager (Name and Phone #): _____

Date of last contact with Case Manager: _____

Most Recent Psychiatric Dx: Axis I Code _____ Axis II Code _____

Most Recent Medical Dx: Axis III Code _____

Current Psychiatric Medication – Type & Dosage:

_____

_____

_____

Current Course of Treatment & Brief History:
Describe clinical course of behavioral health treatment over the past three (3) months (include services provided and dates received, e.g. client participation, intensity of case management and services, hospitalization, response to treatment, medication non-compliance).

_____

_____

_____

_____

_____

_____

IV. MEDICAL INFORMATION

Primary Care Physician (Name): _____

Brief description of physical health one (1) year prior to death (including any non-psychiatric medication, specific issues that would impact health and link to PCP and coordination of care):

_____

_____

_____

_____

_____

_____

_____

Reason why addendum required:

☐ Suicide ☐ Homicide ☐ Drug overdose ☐ Exposure

☐ Accident ☐ Unexpected or unusual medical causes ☐ Request of ADHS/DBHS

Name & Title of Person Preparing Report:

Signature Title Date

Reviewed by Medical Director or Designee if no addendum required:

Signature Date

Please note that all dates must include month/day/year. Attachment B

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
MORTALITY REVIEW ADDENDUM

ADHS Mortality Docket No. _____

RBHA _____ **TRBHA** _____

Name: _____

Cause of Death: _____
(suicide, homicide, drug overdose, exposure, accident, unexpected or unusual medical cause)

1. Did the person have co-occurring medical conditions? □ Yes □ No

   If yes:
   a. List all medications taken (prescribed by behavioral health practitioner; prescribed by medical practitioner; taken "over the counter" if known):

      _____

      _____

      _____

   b. Describe actions taken by the behavioral health practitioner or clinical team to coordinate medical care:

      _____

      _____

      _____

   c. If no medical practitioner, describe action taken by the behavioral health practitioner or clinical team to obtain needed medical care:

      _____

      _____

      _____

2. Did the person have a history of suicide ideation and/or attempts? □ Yes □ No

   If yes, describe any strategies used by the behavioral health practitioner or clinical team to prevent future attempts:

   _____

   _____

3. Did the person have family members involved with his or her behavioral health care?

   □ Yes □ No

   If yes:

   a. Describe what information was obtained from family members in terms of history of symptoms and treatment; early signs of decompensation; typical course of decompensation:

   _____

   _____

   _____

   b. Describe how information obtained from family members was incorporated in the treatment approach used by the behavioral health practitioner or clinical team.

   _____

   _____

   _____

   c. Describe what information was provided to family members with the enrolled person's consent or to the extent allowed by state law:

   _____

   _____

   _____

4. Did the person have co-occurring substance abuse issues? □ Yes □ No

If yes, describe the treatment services provided that specifically addressed the substance abuse:

_____

_____

_____

5. Was the person adhering to treatment recommendations (taking medication as prescribed, attending appointments, etc.)? □ Yes □ No

   If no, please explain:

   _____

   _____

   _____

If yes, describe what steps were taken to ensure the person received needed treatment:

_____

_____

_____

6. Did the person experience troublesome symptoms or side effects of medication that interfered with his or her ability to function? □ Yes □ No

If yes, describe what steps were taken to improve the person's status or overall ability to function:

_____

_____

_____

7. Had the person recently been discharged from an inpatient or residential setting?

If yes, describe what steps were taken to ensure the person's needs were adequately met in the lower level of care:

_____

_____

_____

8. Has an investigation been conducted into this person's death? □ Yes □ No

9. Is the cause of death still under review? □ Yes □ No

If yes, please specify the date when investigation will be completed: _____

10. Has any corrective action been taken as a result of an investigation or other review of this person's death? □ Yes □ No

If yes, describe corrective action required and date completed.

_____

_____

_____

Name & Title of Person Preparing Report:

_____

Signature Title Date

Reviewed by Medical Director: _____

Signature Date